2006-14 NOV 1 5 2006

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10/501,550 10/501,550 TITLE OF INVENTION: VARIABLI	17/16/2004 E VOLUME 17LO	W INTERNAL GE	Willi Schneider SAR PUMP		1	104 0092US	4490
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EXAMINER		ART UNIT	CLASS-SUBCLASS				
TRIEU, THERESA		3748	418-171000		• -		
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Number is required.  3. ASSIGNEE NAME AND RESIDE PLEASE NOTE: Unless an assig recordation as set forth in 37 CFK  (A) NAME OF ASSIGNEE  J OM a - H y drome cha  Please check the appropriate assigned  4a. The following fee(s) are submitted  At the fee  Description of the loss of the submitted  Advance Order - # of Copies  S. Change in Katiry Status (from size)  L a Applicant claims SMALL is  NOTE: The Issue Fee and Publication interest as shown by the records of the Authorized Signature  Typed or printed name  This collection of information is request application this form and/or suggestions for reds  Box 1450, Alexandra, Virginias 22313-1450.	ince Address Indice the Indice that Indice the Indice that Indice the Indice	sation form se of a Customer BE PRINTED ON below, no assignee of this form is NO defended by the series (will not be perfect) and the series of the series o	(2) the name of a registered attorner 2 registered attorner 2 registered attorner 2 registered patient listed, so name with the PATENT (print of the patient) of the patient of the patient) of the patient of the patient);  (B) RESIDENCE: (C)  B od els historiado on the patient);  A check is enclo  Payment by cred  The Director is hoverpayment, to  b. Applicant is a coloridad of the patient of the patient of the patient is a coloridad on the patient is a	single firm (having as or or growt) and the ner or regent. If it is automated to expend the printed.  Type)  the patent. If im assignment.  CITY and STATE OR the patent of the printed of	country of the public of tradems. S. SEND it displays	antified below, the carry  by  an or other private groundy paid issue fee  thed.  agained fee(s), any d  to -10 23 lose:  Try status. See 37 Colorney or agent, or  ember 13,  37,461  c which is to file (ar  to complete, includi- on the amount of cark Office, U.S. Dep  a valid OMB control  office U.S. DepAR	coup entity Government shows above)  cficiency, or credit my an extra copy of this form).  CFR 1.27(g)(7).  the assignce or other party in  2006  at by the USPTO to process) mg gathering, preparing, and mne you require to complete partnest of Commerce, P.O. for Patents, P.O. Box 1450.



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**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SCHNEIDER, Willi ) Examiner:

Application No.: 10/501,550 ) TRIEU, T.

Filing Date: July 16, 2004 ) Art Unit:

For: VARIABLE VOLUME FLOW ) 3748

INTERNAL GEAR PUMP

Atty. Docket No.: 2104 0092US Issue Fee due January 11, 2007

TRANSMITTAL LETTER FOR ISSUE AND PUBLICATION FEES

MAIL STOP ISSUE FEE Alexandria, VA 2213-1450 U.S.A.

The Applicant is enclosing herewith Patent Office Form PTOL-85. Please charge Deposit Account Number 50-1030 in the amount of US \$ 1009.00, which covers payment of the Issue and Publication Fees plus 3 copies of the patent.

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15-11-2006 16:23



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Respectfully submitted

Dr. Paul Vincent Agent of Record Reg. No. 37,461

Date

**Enclosures: PTOL - 85** 

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